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Dep Ref
L-357
MS 16
PATENT
1794-0157P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: HIRAYAMA, Hideki et al. Conf.:
Appl. No.: 10/626,661 Group: UNASSIGNED
Filed: July 25, 2003 Examiner: UNASSIGNED
For: ULTRAVIOLET LIGHT-EMITTING DEVICE IN WHICH P-TYPE SEMICONDUCTOR IS USED

Patent No.: Issued:

Control No.:

ATTN: REFUND SECTION
ACCOUNTING DIVISION
OFFICE OF FINANCE

REQUEST FOR REFUND
(Improper Charge of Deposit Account)

MS 16

Director of the U.S. Patent
and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

October 15, 2003

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of July 2003 for the above-identified

application patent

A copy of the monthly statement in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

| | <u>AMOUNT OF REFUND REQUESTED</u> |
|---|---|
| <input type="checkbox"/> filing fee | _____ |
| <input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e)) | _____ |
| and/or | |
| <input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e)) | _____ |
| <input type="checkbox"/> extension of term | _____ |
| <input type="checkbox"/> first month | _____ |
| <input type="checkbox"/> second month | _____ |
| <input type="checkbox"/> third month | _____ |
| <input type="checkbox"/> fourth month | _____ |
| <input type="checkbox"/> excess claims | _____ |
| <input type="checkbox"/> issue fee | _____ |
| <input type="checkbox"/> petition fee | _____ |
| <input type="checkbox"/> patent maintenance fee | _____ |
| <input type="checkbox"/> first maintenance fee | _____ |
| <input type="checkbox"/> second maintenance fee | _____ |
| <input type="checkbox"/> third maintenance fee | _____ |
| <input type="checkbox"/> patent maintenance fee surcharge | _____ |
| <input checked="" type="checkbox"/> Other: <u>Additional Claim Fees</u> | <u>54.00</u> |
| _____ | |
| TOTAL REFUND REQUESTED | <u>\$54.00</u> |

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

It is noted that, taking multiple-dependencies into account, 20 total claims and 5 independent claims should be counted in the present application for the purposes of fee payment. Accordingly the \$168.00 fee for two (2) additional independent claims was submitted concurrently with this application on July 25, 2003.

It is noted that the confusion over the \$54.00 charge to the undersigned's deposit account seems to be over claim 13. This claim is multiple-dependent and depends upon claims 4, 5, 11, and 12. In this regard, it is noted that claim 11 depends on claim 9, which in turn depends upon claims 6, 7, and 8. Since a multiple-dependent claim cannot depend upon another multiple-dependent claim, it is respectfully submitted that claim 13 is in improper multiple-dependent form, and should therefore be counted as only a single claim for the purposes of fee payment. See MPEP 608.01(n) (I) (G) (2) (b).

In view of the foregoing, it is again respectfully requested that \$54.00 be credited to the undersigned's deposit account.

IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By Joe McKinney Muncy
Joe McKinney Muncy, #32,334

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KM/asc
1794-0157P

Attachment(s)

(Rev. 09/30/03)